

215040530
62736

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 036	Agency Case No. B5-092436	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/04/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 10/04/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1525	POLICE NOTIFIED 1531	
B 58	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O St./56-Cotner Blvd.		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			62.00		X	of W Curb of Cotner Blvd
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N 1	DRIVER HIT & RUN; DRIVER UNKNOWN			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)		
G 6	OWNER HIT & RUN: OWNER UNKNOWN			PHONE	LOCAL NO.	
OWNER ADDRESS CITY, STATE, ZIP			CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.		
H 2	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V1/O 1	VEHICLE	2004	Honda	Accord	4 door Sedan	white
V2/O 1	VEHICLE ID NO. (VIN)	1HGCM66814A089192			ESTIMATED DAMAGE	INSURANCE COMPANY
			TOWED TO	TOWED BY	POLICY NO.	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13587594			STATE (Of License)	NE
V1/P 8	DRIVER SANDY T MAI			PHONE 402-770-8194	LOCAL NO.	
V2/P 1	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/08/1996	
J 01	OWNER SANDY T MAI			PHONE 402-770-8194	LOCAL NO.	
OWNER ADDRESS CITY, STATE, ZIP			CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB482418		
V1/Q 4	LICENSE PLATE PA NO.	TSL898	YEAR	2016	STATE (Of Plate)	NE
V2/Q 3	VEHICLE	2004	Honda	Accord	4 door Sedan	gray
K 01	VEHICLE ID NO. (VIN)	1HGCM66814A089192			ESTIMATED DAMAGE	INSURANCE COMPANY
			TOWED TO	TOWED BY	POLICY NO.	
			G00721093700			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

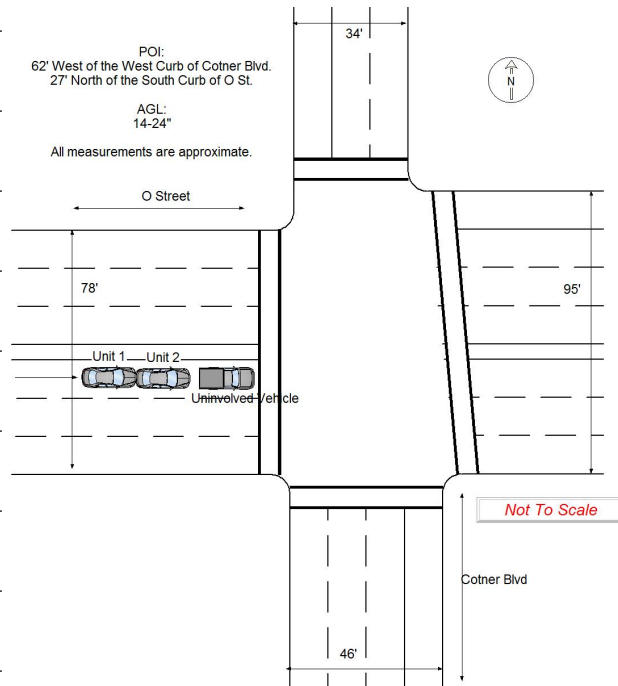
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092436



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 2 stated she was operating a motor vehicle EB on O St./56-Cotner Blvd, and was stopped at the traffic signal, just west of Cotner/O. The light turned green, and traffic started moving forward. The uninvolved vehicle in front of Vehicle 2 attempted to make an illegal left turn to go NB on N. Cotner Blvd from O St. Vehicle 1, which was behind Vehicle 2, started going and rear-ended Vehicle 2. Driver 1 did not stop to provide their information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)													
1			X		O St.														
2			X		O St.														
1	11	06 Turning left																	
2	11	08 Entering traffic lane																	
01 Essentially straight ahead					09 Leaving traffic lane					02 03 04					1 None used - vehicle occupant				
02 Backing					10 Parked					01 05					2 Lap & shoulder belt used				
03 Changing lanes					11 Slowing or stopped in traffic					08 07 06					3 Shoulder belt only used				
04 Overtaking/ Passing					12 Other										4 Lap belt only used				
05 Turning right					13 Unknown										5 Child safety seat used				
															6 Child booster seat used				
															7 DOT approved helmet used				
															8 Costume helmet used				
															9 Restraint use unknown				
OFFICER NO. 1720					TROOP/ TEAM/ BEAT NE					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
INVESTIGATOR NAME (Print or Type) Sarah Williams					INVESTIGATOR SIGNATURE Approved by Officer Sarah Williams					DATE OF REPORT 10/04/2015									